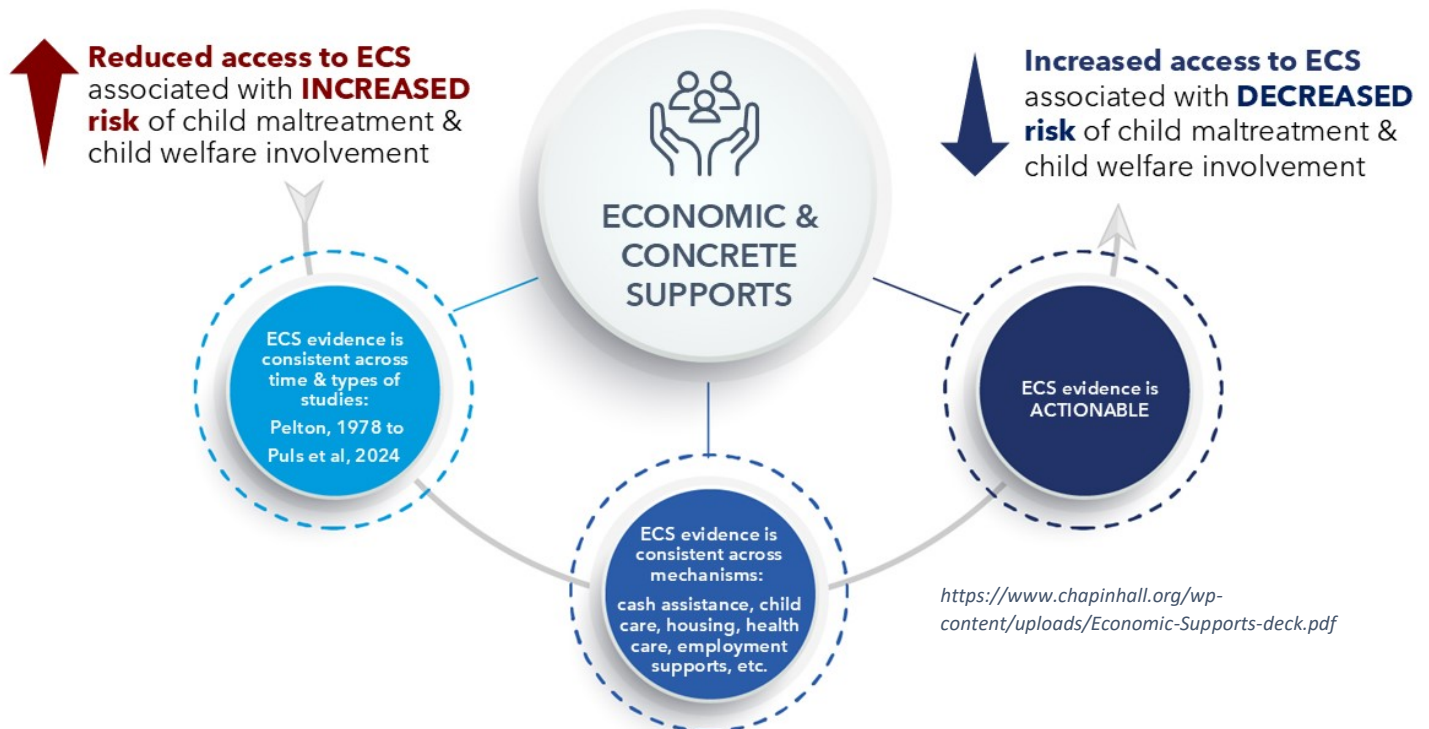


CHAPIN HALL POLICY BULLETIN

OVERVIEW OF THE RELATIONSHIP BETWEEN ECONOMIC AND CONCRETE SUPPORTS & CHILD WELFARE INVOLVEMENT

The central role of economic hardship as a driver of child welfare system involvement underscores the importance of addressing the concrete needs of families and promoting economic stability (Casanueva et al., 2024; Conrad-Hiebner & Byram, 2020). In addition to income poverty, material hardship is a consistent predictor of child protective services (CPS) contact, above and beyond family characteristics (Thomas & Waldfogel, 2022). Yang (2015) finds that caregivers experiencing material hardships, especially housing related hardships, are more likely to become involved with CPS and that the association between material hardship and CPS investigations is not fully explained by parenting stress alone. Moreover, experiencing economic shocks, such as a reduction in earnings and/or material hardship (generally defined as difficulty paying for necessities, such as medical care, housing, food, or utilities), is strongly associated with an elevated risk for child welfare system involvement, and receipt of benefits from safety net programs effectively buffers against this risk of maltreatment (Cai, 2022).

Economic and Concrete Supports (ECS): An Overview



A large body of evidence demonstrates the positive effects of an array of economic and concrete supports (ECS) as protective factors in reducing family risk for child maltreatment, involvement with child protective services (CPS), foster care placement, and significant injury or death due to maltreatment (Forston et al., 2016; Cusick et al., 2024). This evidence spans macroeconomic supports (such as tax credits, minimum wage, paid family leave, unemployment benefits), concrete supports (flexible funds, direct cash transfers, and those related to childcare, housing, and healthcare), and public assistance programs (Medicaid, CHIP, TANF, SNAP, WIC) ([Chapin Hall Policy Toolkit](#), 2025).

As of October 2024, 37.6 million children in the United States were enrolled in the Children's Health Insurance Program (CHIP) or Medicaid (Centers for Medicare & Medicaid Services, 2024). A study found that at least half of the children living in small towns and rural areas in six states (i.e., New Mexico, Louisiana, Arizona, Florida, South Carolina, and Arkansas) are covered by CHIP or Medicaid (Alker et al., 2025).

EVIDENCE ON THE RELATIONSHIP BETWEEN ACCESS TO MEDICAID AND HEALTHCARE & CHILD WELFARE INVOLVEMENT

As demonstrated by the research below, access to Medicaid and healthcare for children and their families is associated with reduced risk for child welfare system involvement.

Medicaid Expansion

State policies that increase a family's access to Medicaid through expanded eligibility are associated with a reduced risk for child welfare system involvement:

- Brown et al. (2019) found that Medicaid expansion for adults with dependent children between 2010 and 2016 was associated with a reduction in the screened-in neglect report rate for children under age 6. They estimated that 125,000 fewer neglect cases involving children under age 6 would have been reported between 2014 and 2016 if all states had expanded Medicaid eligibility.
- McGinty et al. (2022) found that Medicaid expansion in 2014 was associated with a 13% reduction in child neglect reports for children ages 0-5, a 15% reduction for children ages 6-12, and a 16% reduction for children ages 13-17 between 2008 and 2018.

Medicaid Eligibility Continuity and Coverage Rates

State policies that promote Medicaid and health insurance coverage are associated with decreased risk for child maltreatment and child welfare system involvement.

- Klevens et al. (2015) found that states with continuous Medicaid or CHIP eligibility have significantly lower child maltreatment investigation rates than states without continuous eligibility.
- McCray (2018) found that state-level increases in the percentage of children covered by Medicaid and private health insurance are associated with a reduction in substantiated reports of physical abuse.
- Puls et al. (2020) found that increases in county-level child insurance coverage rates are associated with increased child maltreatment reporting by healthcare professionals, suggesting that increasing children's healthcare access may provide these professionals more opportunities to identify signs and symptoms of maltreatment and report maltreatment when necessary. Other research noted above, however, indicates reductions in actual investigations and substantiations as opposed to maltreatment reports, thereby illustrating the potential protective capacity of health insurance coverage.

CONCLUSION

Medicaid plays a critical role in safeguarding child well-being by reducing economic hardship and ensuring access to essential healthcare services. Research shows that Medicaid expansion and continuity in coverage are associated with lower risk for child welfare system involvement. These findings underscore the importance of Medicaid to promote child safety and family stability, and hence, the need for policymakers to prioritize and protect this vital program.

For additional resources on the relationship between economic and concrete supports and child safety, see: [A Key Connection: Economic Stability and Family Well-being – Chapin Hall](#)

CONTACT INFORMATION

[Chapin Hall](#) is an independent policy research center that provides public and private decision-makers with rigorous research and achievable solutions to support them in improving the lives of children, families, and communities. Chapin Hall adheres to the values of science, meeting the highest standards of ethics, integrity, rigor, and objectivity in its research, analyses, and reporting. Learn more about the principles that drive our work in our Statement of Independence.

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